



# County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

## COUNTY RETIREMENT STOP AND REISSUE PAYMENT REQUEST

I, \_\_\_\_\_, acknowledge receipt of no benefit from check number \_\_\_\_\_, dated \_\_\_\_\_ in the amount of \$\_\_\_\_\_.

Recipient's name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

*For consideration of a duplicate payment, the undersigned agrees to indemnify and save harmless the County of Fairfax for the amount of the original check in the event payment thereof be held against the County. In the event the original check is received, it will be returned immediately to Director of Finance, 12000 Government Center Parkway, Fairfax, VA 22035 with no attempt to cash it under penalty of fraud. This is a reissued check which will be posted to the outstanding check file after it is issued. Retirement bank accounts will be posted by journal entry.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

A check will be issued in approximately five (5) working days from the day the stop payment is placed at the bank.

Circumstances concerning missing or destroyed check:

\_\_\_\_\_

Is the check enclosed? Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized Retirement Agency Signature \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Circle Index: EE-584110 PR 584219 UR 583310 Subobject: 450 (1-7) or 4508=Refund

### FOR DEPARTMENT OF FINANCE USE ONLY

Certification of  
Outstanding Check

Date : \_\_\_\_\_

Outstanding Thru: \_\_\_\_\_

Initials: \_\_\_\_\_

OK to reissue: \_\_\_\_\_

Reissue of Check

Date: \_\_\_\_\_

Check#: \_\_\_\_\_

Check Approval  
for Signature

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

#A013\_rev. 11/2010



### RETIREMENT ADMINISTRATION AGENCY

10680 Main Street \* Suite 280 \* Fairfax, VA 22030

Phone: 703-279-8200 \* 1-800-333-1633 \* Fax: 703-273-3185

<http://www.fairfaxcounty.gov/retirement/>